SURGICAL TREATMENT OF UTERINE DISPLACEMENTS, RESULTING FROM LACERATION OF THE PELVIC FLOOR.*

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My colleague just preceding has spoken of the surgical treatment of lacerations of the pelvic floor which in itself is oftentimes sufficient to correct the resulting uterine displacement. The subject allotted to me, undoubtedly, is that especial surgical treatment demanded in those cases in which plastic operations are not deemed sufficient, and it therefore becomes necessary to adopt more radical procedures.

The uterine displacements which may demand operation are retrodisplacement and prolapse. Prolapse being simply a condition following or secondary to retrodisplacement, as the uterus in all cases before it can become prolapsed must be in a state of retroversion, we shall confine our remarks to the radical means of treating retrodisplacement of the uterus. Various operations have been devised to meet the indications for treatment of this condition, the principal of which are ventrosuspension of the uterus, which is also called ventrofixation, hysterorraphy or hysteropexy; and Alexander's operation. To these two, which may be called classic operations, may also be added vaginal fixation, and an operation recommended by Aubean of France, and later by Pryor of New York, which we will speak of later.

It may not be out of place to give the indications for the radical treatment of this condition, for all cases do not demand such measures. The question then naturally arises: Is a retrodisplacement an abnormal one and an indication for operation?

It is a recognized fact that the normal uterus is freely movable and constantly changing its position according to its environments. Baldy, in a recent discussion on this subject, stated that "there is no normal position of the uterus, it being a movable organ," and that "if the supposed displacement produces no symptoms, that position is normal to that woman." It may be stated then that all retrodisplacements do not call for radical treatment, but that those cases in which the subjective symptoms can be traced to the displacement *per se* should be treated accordingly.

Each of the operations mentioned above has its indications and contraindications, so that a careful study of each case will determine the operation suitable.

VENTROSUSPENSION.

It may be an interesting historic fact to mention that Dr. Thomas H. Hawkins, one of the members of the Colorado State Medical Society, was the first to perform this operation, done on the third day of January, 1883, in this city. The tubes and ovaries were removed at the same time, and this was the first operation of this kind done in Colorado. Later the operation was performed in Germany, and by Howard Kelly of Baltimore, who published a paper reporting his first case, April 25, 1885. The priority of ventrosuspension therefore belongs to Colorado.

The field of this operation is larger than that of any of the others. Its indications are a retrodisplaced uterus, adherent or not, producing symptoms; when the uterus is large and heavy and particularly when complicated by unilateral or bilateral pelvic disease.

The advantages of the operation are that it requires but one incision; it is easily performed and takes but a few moments, and the adnexæ can be examined and removed if necessary, or treated according to indication.

Various objections to ventrosuspension have been raised by different operators, none of which to my mind are pertinent. An increased danger of abortion and difficult labor have been mentioned without, I think, much foundation. The percentage of abortion in women who have not received such operations is large enough, as we find mentioned in various books of obstetrics that at least 20 per cent. of all pregnancies end in abortion. On the other hand, in statistics of seventy-five cases operated on at Johns Hopkins Hospital, fourteen afterward became pregnant, and only one is reported as having miscarried, and then only after violent dancing. It is true that a number in this series had some abdominal pain during the months of gestation, but whether this was due to the fixation or not, I am not prepared to say.

Dr. Chas. P. Noble, in an exhaustive article, reports 808 cases by American operators, in which 56 afterward became pregnant, and only 6 aborted. Complications at labor were as follows: forceps delivery, 3; Porro operation, 1; retained placenta, 2; uncontrollable vomiting—labor induced—1. He draws the following deductions: 1. That women subjected to this operation are less apt than others to become pregnant. 2. That pregnancy and labor, as a rule, are uncomplicated. 3. That uterine inertia is not infrequently met with. 4. That serious or insuperable obstruction to labor may be produced if the fundus and anterior wall of the uterus are imprisoned below the point of attachment between the uterus and abdominal wall. These conclusions certainly speak for themselves and need no comment.

There are various methods, by as many different operators, of performing ventrosuspension. Some use buried sutures, others use through-and-through removable ones, and still others use so-called living sutures. Probably the best and most satisfactory operation is that advocated by Dr. Kelly, but slightly modified, in which, after the preliminary work, the uterus is suspended from the peritoneum by two chromicized catgut sutures which pass through the uterine muscle just posterior to the crest of the fundus. The mortality from this operation is practically *nil*, as it is by far the most simple abdominal operation performed. On examining the woman a year or so after the operation, if it has been properly done, "the uterus will be found lying in easy anteflexion with its posterior surface 3 to 5 cm. distant from the anterior abdominal wall."

OPERATIONS ON ROUND LIGAMENTS.

Alexander's operation is also a suspensory operation, the round ligaments being used to hold the uterus in a permanent anteverted position. The round ligaments normally are simply guy ropes preventing too much backward movement of the uterus, and are in no way suspensory until the uterus has become prolapsed. Alexander's operation is becoming more popular every day as operators become acquainted with its advantages. The indication for this operation is clearly defined and is a pathologically retrodisplaced uterus, which is not adherent and in which there are no complications, such as a tumor of the uterus or adhesion and inflammation of the uterine appendages. The operation should be performed as recommended by Edebohls, who has probably

* Read in a Symposium at the recent meeting of the Colorado State Medical Society.

practiced it oftener than any other operator in this country. Some of the disadvantages of Alexander's operation are the difficulty of finding and isolating the round ligaments, the inequality and possible friability of the ligaments, and two incisions, thus a double liability of hernia.

The round ligaments are also shortened by intra-abdominal operations which were devised by Wiley and Dudley, both of these consisting in making a median incision, the round ligaments found within the abdominal cavity and folded on themselves and held in this position by suitable sutures. Neither have any advantage over either of the above-mentioned operations.

VAGINAL FIXATION.

This operation should be mentioned only to be condemned. It is impracticable; it is difficult to perform, and it puts the uterus in an unnatural position. It is an operation which has frequently been done abroad, but in this country has not met with much favor.

Aubean's and Pryor's operation, as mentioned previously, consists in opening through Douglas' pouch, breaking up adhesions and replacing the uterus. Gauze packing is introduced below and back of the uterus; this remains *in situ* for several days, when it is removed. New adhesions form posteriorly to the cervix, thus holding the cervix up and tilting the body forward. This operation may be of value in some cases, especially where the abdominal operation is objected to on account of the scar resulting, otherwise the operation of ventro-suspension or Alexander's operation should be performed according to indications.

Therapeutics.

Treatment of Eczema.

Dr. J. N. Hyde, in "Twentieth Century Practice," recommends the following prescriptions:

℞. Pulv. amyli.....ʒi
Pulv. zinci oxidi.....3ii
Pulv. camphoræ.....ʒss
Make an impalpable powder. Sig. For external use.

The Lassar paste is very commonly employed, and is to be recommended. Put up according to the following, the author has found it particularly good:

℞. Zinci oxidi.....3ii
Talc.....3iii-iv
Acidi salicylici.....gr. v-x
Vaselin.....ʒss
Make an impalpable paste. Sig. For external use.

The glycerin jellies and varnishes, as suggested by Pick, of Prague, may be medicated in any way so that any desired ingredient may be applied to the skin, as for example:

℞. Gelatin.....15 parts
Zinc oxid.....10 parts
Glycerin.....30 parts
Water.....50 parts
Mix by gradual heating. When used, melt and apply with a brush.

The Treatment of Gout.

Cholagogues and alkalies are as necessary in the treatment of this disease as in acute articular rheumatism. Indeed the same treatment, both internal and local, should be adopted, save the administration of salicylic acid, for which colchicum should be substituted.

The preparations of colchicum vary greatly in quality, and, in order to derive the fullest benefit from this valuable drug, only preparations from the most reliable pharmacists should be employed. The value of this remedy is more apparent in acute than in chronic gout, and in the first attacks than in succeeding ones. Chronic gout as well as chronic rheumatism, yields better to a combination of colchicum and potassium iodid than to colchicum alone. In giving the drug it is best to avoid, if possible, any untoward manifestations, such as vomiting and purging. The initial dose, therefore, should be small, that it may occasion no gastric disturbance.

The following prescriptions containing colchicum have been recommended for gout:

℞. Magnesii sulphatis.....3ii
Potassii bicarbonatis.....gr. xv
Tinct. colchici sem.....m. x
Infusi buchu.....ʒi
Ft. haustus. Sig. To be taken every four or six hours, followed by a large draught of water, not too cold.
—*Fothergill.*

℞. Vini colchici sem.....3iii
Spt. ammon. aromat.....3xiii
M. Sig. One teaspoonful every three hours.
—*Bartholow.*

℞. Vini colchici sem.....3iv
Potassii iodidi.....3ii
Liq. potassæ.....ʒiss
Syrupi zingiberis.....ʒii
M. Sig. Teaspoonful twice daily in warm water.
—*Hodgson.*

℞. Ext. digitalis.....gr. iiiss
Quininæ hydrobrom.....gr. xxvii
Colchici sem.....gr. viii
M. Ft. pil No. xii. Sig. One morning and night.
—*Becquerel.*

℞. Tinct. stramonii.....4 parts
Tinct. colchici sem.....6 parts
Tinct. guaiaci.....60 parts
M. Sig. Teaspoonful three times a day in milk.
—*Gayle.*

℞. Hydrarg. chloridi mitis
Aloes
Pulv. ipecac
Ext. colchici rad., āā.....3i
M. Divide into sixty pills. Sig. One three times daily.
—*White.*

℞. Lithii benzoatis.....3iiss
Sodii phosphatis.....3v
Tinct. colchici sem.....3iiss
Aquæ cinnamomi, q.s., ad.....3iv
M. Sig. Dessertspoonful two or three times a day.
—*Butler.*

℞. Euonymin
Leptandrin, āā.....gr. ½
Podophyllin.....gr. ¼
Pulv. ipecac
Ext. aloes
Hydrarg. chloridi mitis
Ext. colchici rad., āā.....gr. i
M. For one pill. One every three or four hours until free purgation ensues.

Ipecac in Feeble Digestion.

Mathieu (*La Presse Med.*) thinks that ipecac is one of the best remedies to excite the stomach when the motor action is feeble. He prescribes it in minute doses. Following are two of his favorite prescriptions:

℞. Tinct. ipecac.....3i
Tinct. calumbæ
Tinct. gentianæ, āā.....3iii
M. Sig. Take 5 to 10 drops in a little water after eating, and repeat the dose in a half hour, and again in an hour.

℞. Tinct. ipecac
Saccharin.....gr. i
Menthol.....gr. iiss.
Alcohol (80 per cent.).....ʒviss.
Syrupi simplicis.....ʒiiss.
M. Sig. Two to four teaspoonfuls in divided doses after eating.

Local Applications of Tuberculin in Lupus.

Unna has been applying tuberculin in a soap rubbed into lupus lesions and announces that it produces the valuable characteristic local reaction without any of the inconvenient